

MICROFILMED 07 APR 2003

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: OPTICAL DEVICE FOR THE
OBSERVATION OF SPECIMENS ON A
SUPPORT, ADAPTED PARTICULARLY
FOR CYTOMETRY
Attorney Docket Number:: 0598-1003
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?: No
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?:

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: MICHEL
Middle Name::
Family Name:: DELAAGE
Name Suffix::
City of Residence::
State or Province of MARSEILLE
Residence::
Country of Residence:: FRANCE
Street of Mailing 16, RUE ADOLPHE THIERS
Address::
City of Mailing Address::
State or Province of Mailing Address:: MARSEILLE
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 13001

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: PIERRE
Middle Name::
Family Name:: DELAAGE
Name Suffix::
City of Residence::
State or Province of MARSEILLE
Residence::
Country of Residence:: FRANCE
Street of Mailing CHÂTEAU SEC BÂT C-10
Address:: TRAVERSE DE LA GAYE
City of Mailing Address::

State or Province of Mailing Address:: MARSEILLE
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 13009

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: MICHEL
Middle Name::
Family Name:: LEQUIME
Name Suffix::
City of Residence::
State or Province of Residence:: EGUILLES
Country of Residence:: FRANCE
Street of Mailing Address:: 6, RUE DES SAURIERS
City of Mailing Address::
State or Province of Mailing Address:: EGUILLES
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 13510

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JEAN-MICHEL
Middle Name::
Family Name:: DECAUDIN
Name Suffix::
City of Residence::
State or Province of Residence:: VELAUX
Country of Residence:: FRANCE
Street of Mailing Address:: 124, CHEMIN LEVUN

Address::

City of Mailing Address::

State or Province of Mailing Address:: VELAUX

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 13880

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02930	10/6/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0212473	10/8/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::